U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number Complete if Known Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/597241 **Application Number** FEE TRANSMITTA Filing Date 01/18/2006 For FY 2009 First Named Inventor Robert Dean Dally **Examiner Name** COLEMAN, BRENDA LIBBY Applicant claims small entity status. See 37 CFR 1.27 Art Unit 1624 TOTAL AMOUNT OF PAYMENT 670.00 X16604M Attorney Docket No. METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): ✓ Deposit Account Deposit Account Number: <u>05-0840</u> Deposit Account Name: Eli Lilly and Company For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES SEARCH FEES EXAMINATION FEES** Small Entity **Small Entity Small Entity Application Type** Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 330 540 220 165 270 110 220 Design 110 100 50 140 70 Plant 220 110 330 170 165 85 Reissue 330 165 540 270 650 325 Provisional 220 110 0 0 0 0 **Small Entity** 2. EXCESS CLAIM FEES Fee (\$) Fee Description Fee (\$) Each claim over 20 (including Reissues) 52 26 220 110 Each independent claim over 3 (including Reissues) Multiple dependent claims 390 195 **Total Claims Extra Claims** Multiple Dependent Claims Fee Paid (\$) Fee (\$) Fee Paid (\$) -20 or HP =Fee (\$) HP = highest number of total claims paid for, if greater than 20. Extra Claims Fee Paid (\$) Indep. Claims Fee (\$) - 3 or HP = HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof Total Sheets Extra Sheets Fee Paid (\$) (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): Appeal Brief (\$540) + one-month extension (130) 670 SUBMITTED BY Registration No. 43972 Telephone 317-276-2966 Signature (Attorney/Agent) Name (Print/Type) Gilbert T. Voy Date 09/27/2010

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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	IAL	Filing Date	01/	01/18/2006				
For FY 2009				First Named In	nventor Rot	Robert Dean Dally		
Applicant claims small entity status. See 37 CFR 1.27				Examiner Nan	ne CO	COLEMAN, BRENDA LIBBY		
				Art Unit	162	1624		
TOTAL AMOUNT OF PAYMENT (\$) 670.00				Attorney Dock	et No. X16	X16604M		
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify):								
Deposit Account Deposit Account Number: 05-0840 Deposit Account Name: Eli Lilly and Company								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
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FEE CALCULATION								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
	Small Entity Complete State					INATION FEES		
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)	
Utility	330	165	540	270	220	110		
Design	220	110	100	50	140	70		
Plant	220	110	330	165	170	85		
Reissue	330	165	540	270	650	325		
Provisional	220	110	0	0	0	0	<u> </u>	
2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Fach independent claim and 2 (including Reissues)							Small Entity Fee (\$) 26	
Each independent claim over 3 (including Reissues) Multiple dependent claims						220	110	
Total Claims				Paid (\$)		390 Multiple De	195 pendent Claims	
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HP = highest number of inde	pendent clair	ms paid for, if greate	er than 3.					
3. APPLICATION SIZE If the specification and listings under 37 Cl	drawings	exceed 100 sho	eets of pape	er (excluding e	lectronically	filed sequen	ce or computer	
listings under 37 Cl sheets or fraction th	ric 1.52(e iereof. Se	e 35 U.S.C. 41	on size iee (a)(1)(G) ar	aue is \$2/0 (\$ nd 37 CEP 1 1/	135 for smal	I entity) for ϵ	ach additional 50	
Total Sileets	Extra Sh	eets <u>Num</u>	ber of each	<u>additional 50 o</u>	<u>r fraction ther</u>		\$)	
100 = 3. OTHER FEE(S)		/ 50 =		(round up to a w	hole number)	х	=	
Non-English Specification, \$130 fee (no small entity discount)							Fees Paid (\$)	
Other (e.g., late filing surcharge): Appeal Brief (\$540) + one-month extension (130) 670								
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nature Registratio					3972	Telephone 317-276-2966		
me (Print/Type) Gilbert T. Voy						Date 09/27/2010		
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